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ABSTRACT

The three-part report summarizes existing research on drug abuse in American Indian communities, suggests ways to combat the problem, and describes many different kinds of drugs and their effects. In Part I, much recent research is cited. Although methodology and results vary greatly, the research clearly points to a serious drug problem in many Indian communities. High and ever-increasing rates of marijuana, alcohol, and inhalant use are noted. Among the factors correlated with high drug use among Indian youth are the absence of one or both parents, peer encouragement in use of drugs, school troubles, and negative self-image. Part II contains many suggestions for ways to fight drug abuse, some of which are in use. Role model programs, cultural activities, treatment and prevention programs, and drug education geared to all segments of the community are discussed. Part III is a discussion of nine major drugs: inhalants, marijuana, alcohol, amphetamines, barbiturates, psychedelics, cocaine, heroin, and PCP. This section describes how the drugs work, what they are, how they are taken, how they affect the user, and what their dangers are. The report is intended for use by people in the field who work with the drug abuse problems of American Indian youth. (SB)

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PREVENTING DRUG ABUSE AMONG AMERICAN INDIAN YOUNG PEOPLE

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An Important Note to the Reader

This report is for people who are out in the field working with drug abuse problems among Indian people. It is written in plain language and hopefully will reach all people interested in drug abuse. The ideas here are very practical and can be used immediately by those in contact with youngsters who may be tempted to use drugs. This is not a technical report--it is not written in the way most scientific or professional articles are written. However, enough information is given so that the interested reader can check the sources of information.

Introduction

Drug abuse is a serious problem among Indian youngsters--and it seems to be getting worse. Many young lives are being affected in ways that lead to long term problems, some of which cannot be reversed. This report is meant to look at drug abuse and to see what can be done about it.

There are three parts to this report. The first part is a summary of what is known about drug abuse among Indian youngsters. Many people have studied the problem but a lot of this research has never been used. The purpose of looking at this research is to see if it can be of help in working with the problem of drug abuse.

The second part of this report describes things that can be done about drug abuse in Indian communities. Some of these suggestions are based on the research, while others are things that are already being done in some communities. These are meant to be very practical suggestions that can be used right away in any community interested in preventing drug abuse.

It is hoped that counselors and others interested in drug abuse will read both the research summary and the suggested prevention activities. After reading the report, the ideas should be discussed with other people. Through group discussion many more ideas may come about for prevention and treatment of drug abuse.

The third section contains descriptions of different kinds of drugs and what they do to people. These can be used in many different

ways in community education programs. The section can be given to parents to read, or it can be used for discussion in training workshops.

PART I--RESEARCH

This section is a summary of most of the research done on Indian drug abuse. The first type of research to be covered concerns how much drug use there is and what kinds of drugs are being used.

Drug Use Rates

Finding out how much drug use there is in any community or reservation is not an easy job. There are many problems that can cause the estimate of the amount of use to be very inaccurate. One of the more difficult problems is getting people to answer questions honestly, especially about their own use of drugs. Another problem arises when it is not known exactly what type of people were asked to give information about drug use. For example, it might be reported that half of the youngsters in a community use marijuana every day. But, what if these numbers came only from a group of youngsters who had police records? Kids who are in trouble with the police probably use more drugs than others. It would be wrong to say that all of the youngsters in the community used drugs at this same rate. The same mistake can be made in the other direction. If a survey about drug use is given in a school, it will not be answered by school dropouts or those who miss school a lot, groups who probably use more drugs. School surveys will then show a drug use rate lower than what it really is.

There are many other problems in getting good information about drug abuse. These will be brought up as the different research studies are discussed.

There are two ways of measuring how large the drug use problem is in a community. First, people are asked if they have ever used a certain drug. This means anything from one time experimental use to heavy daily use. It is clear that this type of question has only limited value. For instance, what does it mean if 30% of the kids say, "Yes, I have tried marijuana before"? Does this mean that most of them are still using it, or are using it heavily? Or does it mean that most of the 30% tried smoking marijuana once and then quit?

The main value of "Have you ever used" type of question is that it gives some idea of how many kids in a community have ever been exposed to drugs. For example, if only 20% of them have ever used alcohol, there is probably not a large alcohol problem. On the other hand, if 90% have used alcohol it is likely that many are using it regularly and that there is a serious community problem.

In addition to finding out how many kids have ever used drugs it is important to know how heavily and how often they are now using them. This is a more difficult question to answer. People who do surveys have a hard time agreeing on what makes up serious, or dangerous drug use. As a result it is difficult to compare drug use rates from one survey to the next. Most surveys tend to ask how many times a drug has been taken within a certain period of time, usually the last 1, 2, or 3 months. A better picture of amount of use can be gained from asking how much of the drug is used each time, or how serious the effects of the drug were--for instance, "Did you black-out while using the drug?" or "Do you use drugs during the week or just on weekends?"

There is only one group of studies that looks at Indian drug use across the country (21). In these studies, surveys were collected from over 4000 young people. However, the results need to be looked at with some caution. First, it is not possible to talk about "Indian drug use" in a general sense. Indian country is not all the same. There are many different tribes, cultures, traditions and histories represented among Indian people. Results from one group or tribe may not apply to others. Second, the 4000 surveys did not represent all Indian youngsters. The surveys were collected from many different places but only from tribes and schools that were willing to cooperate. It could be that actual drug use is somewhat higher or lower than for the "general Indian population."

A third problem is that results of these studies apply only to reservation areas--urban Indians were not included. A fourth caution to note is that the surveys were collected mostly from youngsters attending schools. The drug use rates for drop-outs or for those who miss school a lot is not known, although it is probably higher.

With all of these cautions in mind, we can now look at the results of Oetting's studies. There are actually several studies that are all a part of a large research project. Table 1 has 2 sets of data that come from school surveys in the 7-12th grades. The numbers are the percentages of youngsters who have "ever used" the listed drugs. The two columns are for Indian youngsters for two different years.

The percentages show that Indian kids are using drugs at a pretty high rate. The use rates are especially high for alcohol, marijuana

Table 1

Percentages of Indian young people
ever using certain drugs

	1976	1978
Marijuana	45.2%	46.4%
Inhalants	17.1	22.0
Amphetamines	12.7	14.7
Hallucinogens	6.8	13.2
Cocaine	6.0	7.5
Heroin	2.8	3.8
Alcohol	75.9	78.3
Barbiturates	8.1	10.2

and inhalants. The increase in use between 1976 and 1978 may mean that drug use is increasing. In fact, the Getting study does have other data to show this. They estimate that within 3 years 94% of the high school seniors may have tried alcohol, 85% may have tried marijuana and 38% may have tried inhalants.

Table 2 shows how many youngsters are continuing to use certain drugs. The percentages show how many have used them within the last two months. These percentages are available only for 1978.

Table 2

Percent of Indian young people using drugs
within the last two months

	1978
Marijuana	40.5%
Inhalants	15.5
Amphetamines	8.7
Barbiturates	4.8
Alcohol	61.0

As can be seen, the Indian youngsters are continuing to use drugs at a high rate. Much of the use picked up by the "ever used" questions is still going on.

The surveys that these numbers were taken from have other questions which show how these teenagers are using drugs and alcohol. For instance, over 80% of them have tried beer but about half of the youngsters have also tried wine and hard liquor. In addition, 20% say they have been drunk once or twice in the last two months and another 11% have been drunk 3 or more times, some more than 10 times. A lot of the drinking seems to be very heavy drinking. About 2% say they drink almost every day.

Fortunately, inhalant use is not as heavy as alcohol. Only about 1% of the youngsters use inhalants to the point where their body is out of control. Those who do use inhalants use them only from time to time--very few use them daily.

Marijuana is used more often than inhalants with about 7% of the youngsters saying they use it every day. On the other hand, pills of different kinds (including uppers and downers) are used daily by very few people.

The patterns of pill use, however, can be very dangerous--expecially when two or more are used together. About 10% say they have used two or more drugs at the same time within the last year (not counting alcohol). A lot of this use is of pills. Certain pills, when used together, can cause much more damage than if they are used just by themselves.

Even more youngsters, about 20%, say they have used other drugs while drinking within the past year. A lot of this is probably

marijuana and alcohol but some very serious things can happen when alcohol is used with certain types of pills. If alcohol is used with "downers" (tranquilizers or barbiturates) more than double the effect takes place. If enough of these are used together, the youngster may even die.

Oetting also has looked at drug use among younger children in grades 4-6 (24). Table 3 shows the percentages of these children who have ever used the listed drugs. It should be noted that the surveys for these younger children were given in only one part of the country. They probably don't represent what all Indian youngsters of this age are doing. The surveys were given to 886 children.

Table 3

Percent of 4th-6th grade Indian students who have ever used certain drugs

Drug	Percent
Alcohol	29.7%
Inhalants	6.7%
Marijuana	25.3%

These children are only 9-12 years old. The numbers show that there is a lot of drug use for children who are this young.

Studies on Specific Tribes

Most of the drug use research has been done on individual tribes or in very small areas. The results of these studies vary quite a bit, probably for three reasons. First, the drug use rate is very different from tribe to tribe. Second, the surveys were done at different times and drug use has been increasing in the last few

years. The third reason for the differences between studies is the way in which the data was collected and how the questions were asked. Some of the surveys used the "Have you ever used" kind of questions while others asked questions about how serious the use was. In most of the studies, Indian youngsters were compared with non-Indian youngsters and were found to have higher drug use rates.

In one of the larger studies done in 1976 (2,647 Indian youths) Streit & Nicolich found the following use rates (29):

Marijuana	20.5%
LSD	3.3%
Glue	7.3%
Heroin	Less than 1.0%

Unfortunately, the authors did not report their definition of what "use" was. Was this just one time experimentation or was it current and regular use? In another large study in Alaska done in 1970, Porter and her colleagues surveyed 17,189 students of which 980 identified themselves as "Native" (26). This group had a higher use ("ever used") of drugs than the non-Indian groups: 43.5% compared to 35.7%. When asked about alcohol and tobacco use the Indian youngsters reported about the same level of use as the non-Indian groups (34.7%).

Strimbu and others in 1973 surveyed over 20,000 students at a large Southeastern university (30). Within this group there were 74 Indians. They asked about many different drugs and found that Indians had used all of them more often than non-Indians. The number of Indians in this study is actually too small to come to any good conclusion.

Cockerham and his workers conducted a group of studies on one western reservation. In 1975 they found that 92% of the 7th and 8th graders had tried alcohol and 26% of them had been drunk 10 or more times within the past year (24). Another survey in 1976 showed 53% of high school students had ever tried marijuana and 29% had tried drugs other than marijuana or alcohol (5). A final study reported in 1977 that 76% of the Indian youngsters were "drinkers," that is, they were involved in regular and serious drinking patterns (6). The same study reports that 16% of the adolescents were users of marijuana and 15% were users of drugs other than alcohol or marijuana. These last two numbers are much smaller than those reported in 1976, however, the 1976 numbers were of students who had ever tried the drugs. The 1977 percentages are of regular and current use.

In 1978, Forslund reported that Indian and non-Indian students in two schools near a western reservation had about the same drinking rate (8). Many Indian students, however, seemed to drink for reasons different from their non-Indian peers--they were drinking to get rid of unhappy feelings. The Forslund data is very confusing and it is hard to tell if his conclusions are right.

There are three studies reporting use of inhalants among Indian youngsters. Schottstaedt and Bjork report that in one boarding school the staff knew that 13% of the students were regular sniffers (27). They estimated the actual number of inhalant users to be much higher. A survey in one southwest Indian community by Kaufman revealed that 75% of the boys and 50% of the girls had ever sniffed (16). An even higher estimate of 80 to 90% of the kids ever having sniffed was given by Mesteth for a large western reservation (18).

There is only one study that looked at drug use beyond high school. Goldstein and others surveyed 276 Indian young adults at an arts and technical school (9) in a large urban area. Table 4 shows the percentage of students who have ever used the listed drugs and the percentages having used them within the last two months. These high rates of use show what can happen when Indian youngsters are in a situation where drugs and alcohol are easy to get.

Table 4

Percentage of Indian students using drugs at an arts and technical school

Drug	Ever Tried	Used in Past 2 Months
Beer	95%	84%
Wine	52	40
Liquor	78	66
Inhalants	31	4
Cocaine	13	5
Amphetamines	36	20
Heroin	6	1
Barbiturates	22	8
Hallucinogens	21	6
Marijuana	70	59

All of the studies listed lead to one conclusion: drug abuse is a major problem for many Indian communities. While this may not surprise some, especially drug and alcohol counselors, it may be quite a shock to a lot of people. Many people tend to think of drug abuse as "the other person's problem" and it just isn't happening in their community. As the research shows, however, the problem is very widespread and probably exists to a serious degree in most Indian communities. In addition, drugs of all kinds, even heroin and cocaine, are available to Indian youngsters. It simply is not true that the isolation of

reservations protects kids from the "harder" drugs. As people move around more and these youngsters move more freely between reservations and cities, their ability to get drugs will only increase.

Reasons for Drug Use

There are a few studies of Indian drug abuse that have looked for the causes or reasons for drug use. Some causes are well understood but much more work still needs to be done.

The most consistent finding has to do with the parent's presence in the home. In Oetting and Goldstein's work it was found that among young people who used dangerous drugs heavily nearly half of them did not have one of their parents in the home (22). The absence of the mother was more serious than the absence of the father. Mesteth had a similar finding in that 25.7% of the inhalant users in their sample lived with their mothers only, while 5.7% of the kids who did not use inhalants lived with their mothers only (18). In a study of mental health among Indian adolescents Mindell found that youngsters with one or both parents missing from the home were much more likely to have emotional problems (9).

In another study to find out why Indian students drop out of school, Delk found lack of parental control to be the most important factor (87). In homes where parents kept closer track of their children, there were fewer dropouts. Albaugh (1) found that among families where there is much fighting and alcoholism, there is a greater chance that the children will use inhalants and alcohol.

Although presence of parents has been shown to be related to drug use, no one has discovered why this is so. Several things are

possible. With only one parent there may be less control over a child's activities and they may have more time to be around other drug users. It is also possible that parents' attitudes toward drug use are not as strongly communicated to the youngsters. In fact, Oetting found that if parents would try to stop the children from using drugs the children did use fewer drugs (22).

Since children learn a lot about right and wrong from watching their parents, youngsters without one or both parents may not have a good model to follow. In fact the missing parent might have provided a bad role model. Are they out of the home because they are alcoholic or have died for alcohol related reasons? When there is a broken family, it may be important to put the children in touch with strong role models, adults who can tell them and show them that it is wrong to use drugs. In all families, it is critical that the adults show the children that they do not approve of drugs and that they do not want their children to use them.

Young people have a strong influence over the way their friends act. This influence was found by Oetting to be especially strong in the area of drug use (22). Those youngsters who had drug using friends and whose friends encouraged them to use drugs, tended to use drugs themselves. Cockerham found that nearly half of all the Indian youngsters he surveyed approved of drug use (6). This is a significant finding since it points out that in some places drugs are well accepted. This acceptance makes it very difficult for a youngster to resist using drugs.

How well a child gets along in school is another factor related to drug abuse. It has been shown that drug users do not get along as

well as non-users (22). They skip school more often, they get poorer grades, they do not get along with their teachers and they have a very bad attitude toward school. It is not known, however, whether poor adjustment leads to drug use or if it's the other way around--using drugs leads to poor school adjustment. More study is needed in this area.

Many people say that kids use drugs because they are bored and don't have anything to do. Oetting found this to be true for a lot of Indian youngsters. In communities where there were more activities (sports, hobbies, etc.) there seems to be less drug use (22). It might be that in places where there are more activities, the adults care enough about their children to set these things up. This caring attitude probably has other good benefits for the youngsters.

Culture and Drugs*

Several studies have looked at the question of how culture affects drug use. Do youngsters who hold more closely to Indian traditions and values use fewer drugs? Or, put another way, does loss of Indian culture lead to more stress and then more drug use? These are important questions to answer since many drug programs are using traditional activities to prevent drug use. We need to know if this is and effective way to go and if, in fact, more cultural activities should be used.

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*I am greatly indebted to Goldie Johnson of Red Lake, Minnesota for many of the ideas in this section. Any misinterpretations of Indian culture which may occur are strictly mine and in no way reflect her deep and sensitive understanding of her people.

Unfortunately, the research results on cultural identity and drug use are very confusing. This comes partly from the fact that this is not an easy thing to measure. It is very hard to find survey questions or other types of information that correctly measure how closely people follow their culture. Another reason for confused results is the differences within Indian culture. It was mentioned before in this paper that different Indian tribes may have very different customs, cultures and languages. A third problem is the researchers' lack of understanding of what traditional Indian culture really is. Very few, if any, of the researchers are Indian themselves, and, even an Indian researcher may understand only his or her own tribe.

One study which shows the types of problems in the research on culture was done by Streit and Nicolich (29). They found that there was more use of drugs and alcohol among those youngsters who spoke their native language. From this they concluded that programs which tried to strengthen cultural identification to reduce drug abuse would not be effective. There simply is not enough evidence in their study for them to come to this conclusion.

Two other studies, however, found results similar to Streit and Nicolich. On a large western reservation, Levi and others found more drinking among the most traditional tribal members (17). Graves also found that those who were most closely identified with their Indian culture in a southwestern community also drank more (10).

The problem with the above studies is the way they defined "traditional." In two of the three studies traditional people were

defined as those living far away from cities or towns. The other study used isolation and the ability to speak a native language to define traditional.

Being traditional probably involves much more than just being isolated or speaking the native language. Indian beliefs originally did not allow alcohol or drugs to be used in the way they are used today. In a way, those Indian people who abuse drugs and alcohol are not being traditional in the old sense. Another strong Indian value is the closeness of the extended family. Traditionally one could expect a lot of help and support from their family. Those who gave food and shelter when other family members were in need gained a lot of respect.

A very basic Indian value is that of sharing with others. There is little value placed on collecting or saving material things. A person who has a good job and makes a lot of money is expected to give to other people, especially other people who are not so fortunate.

Those families who hold these and other Indian values probably have a strong position in the tribe and are respected by others. These families have a lot of pride and stay together. Children of these families may use fewer drugs.

On the other hand, there are families who do not hold to traditional values. They may speak their native language, but they do not follow the Indian ways. The extended family is weak and the children probably feel very little caring and support. These people may be very poor but they get little help from others around them. Children in these families probably use more drugs.

The real situation may be even more complicated. What about the youngster who comes from a strong Indian family but who can also get along well in the non-Indian world. Some people have felt that the bicultural child is under pressure from both worlds and is not well adjusted. Attneave (2), for example, strongly disagrees with this. She feels that bicultural children are really better adjusted. They have more choices in their lives--they can be part of Indian culture and they can be a part of Anglo culture. They can take the best of both and have more opportunities for the future.

Some very recent work by Oetting supports what Attneave is saying (24). He found that children who followed both the Indian ways and the non-Indian ways used fewer drugs than any other group. Those who followed only the non-Indian ways used the most drugs. In between these two groups in drug use were those youngsters who followed only the Indian ways.

What all of this seems to say is that Indian culture is important in preventing drug abuse. But it is also important to teach youngsters how to get along well in the non-Indian world. Johnson thinks that the most important thing is for children to feel good and strong about themselves inside, no matter what culture they find themselves in (14).

Poverty

People who are poor have many pressures in their lives that can cause a lot of problems--poor health, not enough to eat, lack of clothes and so forth. These kinds of problems have often been said to lead to drug use and other unlawful things among youngsters.

Pinto feels very strongly that the poor living conditions on most reservations is the cause of most alcohol and drug abuse (25). There are many poor people who seem to get along well in life--not all of them do bad things because they are poor. Some poor people are still very proud--they do the right thing and they want their children to do the same. These people probably have kept their culture and even though they are poor they are still respected in the community. They try very hard to keep their children from using drugs. But, sometimes poverty and loss of pride happen together. In this case a lot of stress can be put on children and they may turn to drugs. The parents may feel discouraged and helpless and seem not to care about what their children do. There is no pressure from the parents to not use drugs.

Self-Image

A lot of people think that most kids who use drugs have emotional problems. They think that kids who feel bad about themselves use drugs to get rid of unhappy feelings. Oetting's study shows that this may not be true for many of the kids who use drugs (22). Most of them do it for social reasons such as drugs help them relax at parties, all of their friends are doing it, or they are bored and there is nothing else to do.

There are, however, a small group of youngsters who are having problems and are probably using drugs to escape from their bad feelings. Several studies have found that many Indian kids don't have a good self-image--that is, they don't feel very good about themselves (3, 11). They think others don't like them, they feel they are not

good at school, sports or other activities and they don't have many friends.

A recent study has shown that other feelings go along with a bad self-image and that these are related to drug use (24). Many kids who use drugs are more likely to feel low or depressed, sad, lonesome, and they worry a lot. They also feel they are blamed for things they don't do and that most other people don't care about them. Kids who feel this way use more drugs.

Another set of feelings related to drug abuse has to do with the future. Oetting found that many youngsters who use drugs do not expect that their future will be very happy (23). Many of them don't think they will finish high school, they don't expect to get a good job or have much money, they think they will be sick a lot and "bad" things will happen to them. If these feelings are really strong, it's not surprising that children will use drugs or alcohol even if they know they are harmful or dangerous. If the future doesn't look all that good, then why not take drugs for some excitement or for relief from bad feelings.

Youngsters who don't feel good about themselves may follow a very sad pattern in life. Somewhere along the line they will do things that get them in trouble. This may be taking drugs, stealing something or skipping school. When these things happen several times, they begin to get a bad name in the community and other people just expect them to be trouble-makers. After a while these youngsters start feeling this way about themselves and sure enough they do continue getting into trouble. These types of kids usually band together and

encourage each other to do wrong things. Most often these youngsters use drugs heavily and encourage others to do so. Along with the trouble they cause they begin to think that everyone is against them and that most adults don't care about them and can't be trusted. They usually fight any attempt to help them.

There has not been much research on this pattern among Indian kids although it is known to exist in most parts of the country. One of the problems in doing research is that many of these youngsters drop out of school very early and it is hard to find them.

Oetting did find something that shows this pattern is found in Indian communities (22). He found that some Indian kids who use drugs also think it's all right to do other wrong things. They think it's all right to lie, steal, cheat, skip school and so forth. Besides just thinking these things are OK, kids who use drugs do them more often than those who don't use drugs.

Summary

Many different things might lead a young person to use drugs. The more of these things that apply to a youngster the more likely he or she is to use drugs. The main warning signs for drug use are:

--one or both of the parents not in the home

--parents who don't care about what their children are doing

--having a lot of friends who use drugs

--having friends who encourage the use of drugs

--not having friends who would try to stop them from using drugs

--having trouble in school

--not liking school

--not feeling good about oneself as a person

--not having anything to do in the community

--being in trouble with police or other authorities

--believing that lying, stealing, and cheating are all right to do

--not feeling good about the future.

Some children have very few of these things happen. They are not likely to use drugs, and if they do try drugs they will do it once or twice and then stop, or they will only use them occasionally as part of a party. Other children have had some of these things happen to them. They are likely to try drugs, but may or may not use them dangerously. Finally, some youngsters will have had nearly all of these things happen. They will not only use drugs but are likely to use them heavily and often and to increase that use as time goes by.

PART II--WAYS TO HELP

In the introduction to this report, it was stated that the goal was to find very practical ways of dealing with drug abuse. That's what this section is all about. The research that has been discussed in Part I will be very useful in this. Since some of the reasons for drug use are already known, programs can be worked out to help certain youngsters.

A lot of ideas will be suggested here. Some will work, others will not. Many of the ideas are already being used by some drug programs. It is hoped that by bringing these suggestions out, others will try them in their work with youngsters in their communities.

One thing that the research shows very clearly is that youngsters are very sensitive to the way people around them think. As we have seen, many youngsters use drugs because it is "the thing to do." Not all drug users have emotional problems or are using drugs to escape. For many it is a social thing and a way of being accepted by their friends and seeking fun and excitement. If their environment says to them, "Drugs are OK and everybody uses them," then they are more likely to use drugs. On the other hand, if there is a clear message that drugs will not be tolerated there will likely be less use.

This message must come from three main sources--peers, parents and the schools. If all three of these sources give a loud and clear message that drug use is not acceptable, then most youngsters will be discouraged from using them.

Education

Education is one of the main ways of creating this community spirit. It is important, however, to know what "education" means before it is tried. This word is used quite a bit, and everyone has their own ideas about its meaning. In the area of drug abuse, the wrong ideas about education can actually be harmful. The educational effort must be different for peers, parents and schools. Education for parents will be discussed first.

Parents

There are several reasons why some parents are unwilling to do anything about drug abuse problems. Some people may not even know there is a problem. They may hear about drugs every once in a while, but they don't know how large the problem really is. People may think that drug abuse makes the community look bad and that the best thing to do is not talk about it. Some may feel that talking about drugs only encourages people to use drugs. Another group of people know that there may be a sericus drug problem and they would like to do something about it, but they are not sure that others in the community would back them if they spoke up. They're afraid that others will see them as "troublemakers" or as making a big deal out of a small problem.

The first step in working with parents is to collect data on the size of the problem. If parents are handed a paper that shows the extent of the problem in black and white it is difficult for them to ignore it. Information about drug abuse can be collected in several

ways. One way is to talk to a lot of community people and ask them how much of a problem there really is. This can take a lot of time and you can't really be sure people know enough about it to give good information. Besides, if drugs are a problem in their family they may not be willing to talk about it. Another approach is to find out from the police, the hospitals, and other service agencies how many people they see who have used drugs. This again can take a lot of time and probably won't give a true picture of the problem. Many youngsters who use drugs never have any contact with service or law enforcement agencies.

Probably the best way to collect data on drug use rates is by giving surveys in the schools which ask about drug use. Oetting has done this in many reservation schools with a survey made especially for Indian youngsters (21,24). The big advantage of surveys is that they can be filled out and no names need to be given. Young people will answer questions very honestly if they know they will not be identified. As mentioned before, school surveys miss the drop-outs so the drug use rates gathered in this way are probably a little lower than they really are.

After the data are collected parents can be invited to a special meeting where the survey results can be handed out and discussed. There are three purposes for having a meeting with parents. The first is to begin to build a community awareness that drug use is occurring. It is important that the problem be discussed openly and a feeling of group support is developed. In this way the people who are concerned and want to do something will know there are others willing to back them. The second purpose of the meeting is to provide information

about drugs and their effects. This does not have to be done in any great detail, but enough so that parents feel comfortable talking with others and with their own children about different drugs.

The third purpose of a meeting is to begin giving parents some ways of responding to drug use within their families and community. Without this type of help some people become frustrated and angry and end up doing things that are more harmful than helpful. For instance, one common response is for parents to demand that all drug users be found and immediately kicked out of school. In many cases this only serves to provide the youngsters with more idle time and remove them from one possible source of help. More will be said about this later.

There is one thing that parents can do that can be helpful and that is to talk to their children openly about drugs. Parents should be helped to realize that they can influence their children but in order to do so their values must be clearly communicated. Many parents remain silent because they don't know much about drugs. They may not want their children using them but they don't know how to go about talking to them. The parent meetings can be helpful in giving them both information about drugs and teaching parents ways of talking to their children.

Many parent groups may want to do more beyond what they can do within their own families--they want to take community action. They should be encouraged to look at different activities and see if the group wants to pursue them. If group action is decided upon it is important that someone is appointed as the leader. Without a strong leader little will be accomplished. In addition, a detailed course of

action must be set out. When will the next meeting be? Who will be invited? What is its purpose? Who will call the meeting? Unless these types of questions are clearly answered, the group effort will fall apart. When this happens people become discouraged and will not want to do anything about drugs.

Some people will say that parent or community action is not the answer. They want to leave treatment of drug abuse up to counselors or other professionals. But as we have seen, many youngsters will decide to use drugs or not, depending on what they see as the community attitude, especially their parents' attitudes. Leaving the problem up to the counselors means treating drug abuse after it has started. Many times it could have been prevented because the kids can see that their parents are strongly against it. The parents and the drug counselors can work together in planning and carrying out prevention activities.

Students

Education for the youngsters themselves should be done a bit differently. In the first place very little time needs to be spent on telling kids that there is a problem--they already know that. Second, explaining the dangers of drugs should be approached very carefully. Many youngsters have used a lot of different drugs so they have first hand knowledge of what the effects are. If someone gives them wrong information about drug effects they will simply stop listening. Some drug education programs try to scare youngsters by exaggerating the effects of drugs--this does not work either. It must be remembered that the bad effects of drugs usually take very

long, sometimes years, to develop. Most youngsters only know about the good feelings they get from drugs right after they take them. This is why it's very hard to convince them that drugs can be harmful.

Probably the best approach to knowledge about drugs is honest, factual information. The short term, pleasant effects of drugs should be explained but emphasis should be placed on what is known about long term dangers--both physical and mental. The amount and type of information given should be carefully judged. At one time a popular way to "educate" was to actually show the kids the many different types of drugs as well as the ways to take them (needles for heroin, etc.). All it did was to introduce the kids to new drugs and teach new ways of using them!

Education about drugs should be different for children of different ages. Those up through grade 6 need information about alcohol, marijuana and inhalants. They should be told that there are other drugs but little information needs to be given. Older kids need information about all drugs. All types of drugs <u>are</u> available on reservations. The results of the school survey are a good guide for what types of drugs need to be explained. In some places certain drugs may be especially popular and need special attention in an education program.

Knowledge about drugs is important, but the main emphasis in youth education should be on values and attitudes. It is only at this level that large changes in drug use can be made. The purpose of youth education should be to build group values against drug use. Once youngsters begin telling one another that drugs are not good, a group spirit can develop that will help lower drug use in the

community. This is not an easy task since adolescents often resist advice or attempts to change their minds.

There are at least two ways in which youngsters can be helped to form values against drug use. First they can be helped to find what their own real values are. Pressure from friends is especially strong among adolescents because they are still in the process of figuring their own values out. As young children they accepted their parents' values without question. During their teen-age years they are trying to work out their own set of values but this takes some time. During this time they use their friends as the guide to what are the best values. Some of the values their friends have may be pretty confusing and not very helpful. "Values clarification" is a process which helps people in developing values and learning ways of putting them into practice. "Assertiveness training" can also help youngsters once they know what their values are but have difficulty in standing up to pressure from others. Using assertiveness training, the youngsters actually practice ways they can say no when other kids are asking them to use drugs. There are many youngsters who would probably not use drugs if they had some different ways of answering their friends. Values clarification and assertiveness training can help do this.

Another part of youth education is to teach youngsters good leadership roles. Many kids don't really understand how much effect they have on others. They don't realize that what they say and what they do really has an effect on kids who are younger than they are. There are many group exercises or even films that can be used to show the power of groups or peer pressure. Most adolescents want to be helpful. If they are asked to help be responsible for the younger kids in the

community, many of them will be. One thing that schools might do is to start a campaign with posters, pamphlets and so forth, with the message of, "Drugs hurt, please don't turn your brother or sister on." To further increase awareness about drug abuse a contest might be run in which students submit art work to be used as illustrations for the posters.

School Staff

Many teachers, school principals and other staff do not have a good understanding of drug abuse. They are much like parents who have different levels of awareness of the drug problem. Since it was found that poor school adjustment was a big factor among drug using youngsters it is important for school people to know about the problems that drug using youngsters are having. It would be helpful to set up a training program for all school staff members. They need to know the amount and patterns of drug use within the community, as well as factual information about the effects of different drugs. The teachers could also make use of more technical information about how drugs might keep children from learning.

School has a large influence on a youngster's life. Good students feel good about themselves and develop pride. They like school, they like their teachers, and they feel their teachers also like them. Students who do not do well in school have a bad self image and feel that their teachers and other adults do not like them. School also affects how students feel about their future. Students who are failing in their school work don't have much hope of getting a good job when they are adults. The future looks pretty bad to them and they may

feel trapped into a life of being poor and unhappy. With this kind of an outlook it is easy to turn to drugs as a way of blocking out the bad feelings about the future.

Teachers need to understand how important school is for the youngsters they work with. They need to look for ways of making school a positive place for all students, even the most unhappy ones. Most importantly, teachers need to look for ways in which all youngsters can be made to feel successful in school. For many youngsters success might not come at first from their school work. They have too many failures before and they are probably far behind other students in their class. Other ways must be found to improve their attitude toward school. This might include getting them involved in school sports, clubs or other after-school activities. As these students begin to feel better about school and their teachers, more help can be given with the classroom work.

In addition to providing a positive place for children to learn, the schools have another role to play--they must control the use of drugs in and around the schools. Because youngsters are all gathered together, schools often become the place where drugs are passed around, used, and sold. The schools can help prevent some of this drug use by setting up rules--if they are set up right. For these rules to work several things are necessary. The parents must agree with and support the school's position. The rules must be absolutely clear and they must be followed consistently. Students must feel that the rules themselves are fair and that they are applied in a fair way.

It is important that these kinds of rules are set up and agreed on by both the school staff and the parents. The parents must back

up whatever the school does or else the youngsters will feel that they can continue to use drugs. One way of keeping this from happening is to have the parents help set up the rules. In this way they will feel they are a part of the drug prevention effort and should be willing to support it. Parent involvement is sometimes difficult to carry out. This is especially true in areas where Indian students attend off reservation schools. There is often a real division between Indian parents and non-Indian school staff. In these cases it might be possible for Indian parents to take the first step and advise the schools on how they would like their children treated if they are found using drugs.

The rules that are worked out will be different for each school. There are, however, some important questions that must be answered before the rules are set. The first set of questions relates to how serious the penalties should be for those found using drugs. What should happen the first time a student is caught? What about the second, third, or fourth times? At what point should the parents be told about their child's drug use at school? Should the parents be asked to come to the school to talk with the principal? Should the penalty be more serious for those found selling drugs?

Another question concerns removing the youngster from school. Should they be removed and if so, for how long? What do they need to do to get back into school? Some people think it is best to get drug users and sellers out of the school. But, this brings up some problems. The drop-out rate for Indian students is already very high. Removing kids for minor drug use would increase the rate. Also, the school might be able to help some students who are using drugs. Kicking

them out of school only removes them from this source of help. A further problem in keeping youngsters out of school is that they will probably be spending a lot of their time with other school dropouts--a group that often uses a lot of drugs.

What legal problems are involved wher the school deals with drug users? In some places the kids are known to smoke marijuana across the street from the school. Can the school do anything about this? Can the school legally expel youngsters using drugs? It is probably a good idea to have a lawyer help in setting up the rules about drug use in and around the school.

When all of these questions have been answered a clear policy about drug use can be set up. Whatever the policy turns out to be, it should be made well known to the students and their parents. The rules should be followed in every situation. When young people know exactly what the rules are and how they will be applied, and when they are applied consistently and without a lot of anger and threats, they will usually feel that the rules are fair. They will still occasionally test the situation to find out whether the rules really will be applied or they will try to "get away with it." When they do, they should find out that the rules really are enforced. Then they will be followed.

Hospitals and Courts

Another group of people who need education about drug abuse are the Indian Health Service people. Doctors may know a lot about drugs but they are not always aware of the problems of drug abuse. For example, many of the pills that doctors prescribe are often abused by patients or members of their family. This is especially true of the

tranquilizers (downers) which are given to patients. Children often times take their parents' pills and use them either alone or with alcohol to get "high." A more serious problem happens when pills are used in suicide attempts--this happens a lot on many reservations (28).

Most of the time doctors can cut down or control the amount of pills they prescribe. One group of IHS doctors became concerned about the amount of tranquilizers they were giving their patients (15). During a two-month period they found out that they were able to cut in half the number of tranquilizers they had been giving out. If more doctors could be educated about the abuse of the medicines they are prescribing they could also reduce their prescriptions. If this were done, one source of drugs would be removed from reservation communities.

Tribal police and judges could also use training about drug abuse. It is important for them to know that all youngsters who use drugs are not delinquents. Social pressure causes a lot of drug use and many kids will use only a few drugs and for a short period of time. Very harsh treatment by the police or courts may only create more problems. On the other hand, letting kids off too easily may give youngsters the idea that drugs are all right. The police and courts need to learn the best way to handle each individual youngster who becomes involved with drugs.

Summary

As can be seen, drug education involves the whole community. It is important that <u>all</u> parts of the community are aware of drug abuse

so that no matter who a youngster comes into contact with, they get the same loud and clear message--drug abuse is not accepted in this Indian community.

An example of how united community action can work happened among the Shamattawa band of native people in Canada (12, 13). In 1976 there was a lot of inhalant use among the children. During that year one child had died from using inhalants and 60 others had to be flown out of the community for treatment. The parents became very concerned and did several things to stop their children from using inhalants. Work projects were set up so that the youngsters could have good jobs. A recreation center was set up as well as a counseling center where drug users could come in for help. Most importantly, the parents formed groups that would drive around the town and pick up kids that they found using inhalants. The kids would be brought in to meet with their parents, the band chief and band councillors. They were told very strongly that this would not happen any more and that there would be certain punishments if they did continue. Two years later the inhalant problem was nearly wiped out. In addition, the schools reported a much higher attendance rate and that the youngsters were much more interested in their school work.

This is what can happen when people in a community work together. In the words of the Shamattawa band chief, "The point is that the people around here know they have to face up to their problems and work out solutions."

Role Models

The research has shown that youngsters with one or both of their parents not living in the home are more likely to use drugs. This does

not mean that every child with a single parent uses drugs, but a lot more of them seem to. Efforts should be made to find older people whom these youngsters can look up to and follow their example. This could be done in several ways. First, a "Grandparent" type of program could be set up. This would mean finding older people in the community who would be willing to spend time with youngsters who are missing a parent. The adult would provide friendship, help the youngster develop interests in sports or hobbies and be available if they just wanted to talk. Older people could also teach the youngsters a lot about traditional Indian beliefs and values. This is one area in which the strength of the extended Indian family could be used. A youngster may not have a parent in the home but there are older family members who could set a good example. Often times these people are not aware that a youngster needs their help. If someone could talk to them and explain the problem they would often be very willing to help out and spend some time with the youngsters. If this is done well these youngsters may never even start using drugs.

Another way of providing good examples is through a community sports or activities program. Adults would volunteer to organize and coach teams or supervise other activities. This would give youngsters a chance to be with adults several times during the week and would also give them a positive way to spend their extra time.

A good sports or activities program also provides an opportunity for youngsters to influence each other. As was mentioned earlier, pressure from friends is very strong and youngsters tend to do what they see others doing. Sports and other activities allow the youngsters not using drugs to set an example for those who are using drugs or who may be thinking about it.

Some drug programs go even further in providing good peer example. They set up youth groups which are intended to develop good leadership abilities. Kids organize their own activities, raise money and even help present some of the drug education programs. They also do volunteer work for some of the other community programs such as the elderly meal program. Just by their example these youngsters provide a good influence on others in the community.

Cultural Activities

The research seems to show that youngsters who have strong Indian values use fewer drugs. There are probably several reasons for this. First, Indian traditions and practices do not allow drug use. Second, a youngster with a strong set of values is less likely to need drugs to try to solve problems or escape from an unhappy life. Also, youngsters strongly involved in their culture will be spending their time productively and will not be bored. And, finally, Indian culture places emphasis on the family. If the family is strong the children will be less likely to abuse drugs.

There is a wide range of cultural activities that can be used in a drug prevention program. Not all of them can be mentioned here but a few examples will be given.

Many tribes have recognized that a lot of their traditions and legends are being lost. Many of the older people know these things but they are not being passed on. It may be useful to organize the youngsters in a community to interview the elders and to record tribal legends and traditions. In addition to culture, events in tribal history could also be recorded. In many instances this type of

activity would also make the youngsters more familiar with their tribal language.

One southwestern reservation has built their entire drug abuse prevention program around cultural activities (20). The purpose of the program is to build a good self image among youngsters by developing pride in their cultural heritage. The "counselors" (all over 60 years of age) spend a lot of time with youngsters gathering and preparing traditional foods, making ceremonial clothing, building traditional shelters and so forth. Cultural counseling is also done in which traditional legends, folkways and medicine are taught to the youngsters. The program is not set up for a lot of individual counseling, although the youngsters are free to talk over their problems with the counselors. More emphasis is placed on strengthening the family, community and tribe.

Teaching cultural values is actually a very hard thing to do. Simply telling Indian legends to youngsters will not make them more Indian. It has to go deeper than that--the values have to become an important part of the youngster's life. This takes a lot of time and requires many different kinds of activities. Probably the best way of teaching values is to involve the entire family. Indian life is strongly rooted in the family and they must be included in the efforts to help the young people.

Treatment or Prevention

The question is often asked, "What is the best way to stop drug abuse?" The research shows that there is no one best way. Kids use drugs for a lot of reasons and each one of these reasons needs working

with. Most people agree that it is better to prevent kids from using drugs than it is to treat them once they have started using. It makes sense that most work should be in prevention. The most important part of prevention has been mentioned several times in this report--the entire community must be made aware of drug use and work together to convince youngsters that drugs are unacceptable.

Thr problem is, however, that many kids are already using drugs and need help now. What is the best way to help them? Again the answer is not simple and maybe several answers are needed. Treatment should begin by finding the answer to one very basic question: is the person using drugs because of emotional problems, or is it more a case of just going along with the crowd? The research shows that there is a group of kids who have bad feelings and are trying to escape from them through using drugs. In this case a lot of personal or family counseling may be needed to solve the problem. The reasons for the bad feelings or bad self image must be found and worked with. This may mean talking with parents if the youngster is having trouble at home. Or it may mean working with the schools to help them get along better. Most importantly, the youngster needs the chance to talk about their feelings with someone who understands and is willing to help them. Along with this a lot of other things can be done to give these kids a better self image. Traditional Indian activities such as dancing and food gathering might help as well as playing sports or even finding a job.

Most of the youngsters using drugs are doing it mostly because of pressure from other kids. These people may not need as much individual counseling. They mostly need education and help finding

ways of avoiding other kids who use drugs. Many of the ways mentioned before would be helpful such as values clarification and assertiveness training. These would give the youngsters the "tools" they need in resisting drug use. In addition to this, it would be helpful to involve these youngsters in other constructive activities such as crafts, sports, or youth groups intended to develop leadership abilities.

PART III--INFORMATION ABOUT DRUGS

This part of the report explains how different drugs work. It tells what the drugs are, how they are taken and what effects they have on people. Not all of the possible effects are given--that would take a very long book. But, in a very short space an accurate picture is given of drugs and their dangers.

Drugs themselves are neither good nor bad--it depends on how they are used. Many of the drugs listed here, if they are given by a doctor, and taken for the right reasons, can be helpful to a person. It is misuse that causes problems, not the drug itself. When people use drugs unwisely, they can become a problem for themselves and for the community.

The actual effect of a drug depends on a lot of things. For one thing, drugs affect some people differently than others. For instance, when some people get drunk, they get friendly or fall asleep. Other people get angry and want to fight. The same thing happens with drugs. Different people may react to the same drug in a very different way.

The amount that is taken can be very important. When any of these drugs are used in small amounts or not taken very often, they may not cause any problems. But almost everything is poison if you take enough of it, and some of these drugs are very poisonous in even small amounts.

People using the drugs to get high don't usually take that much, but mistakes are often possible.

The effect also depends on how pure the drug is. Many illegal drugs are mixed with other things that can have bad effects. Very often, when drugs are bought on the street, they are not even what they are supposed to be. Some drugs, sold on the street, have turned out to be things like animal medicines not meant for people at all.

What happens also depends on the health of the person taking the drug. If they have a damaged liver, they may not be able to handle even a small amount of a drug. If a person is heavy, they might be able to take more of some kinds of drugs than a very light person. For instance, a heavy person may be able to drink more alcohol without feeling the effects. This is not true for all drugs, however. Even a small amount of some drugs are dangerous no matter how much a person weighs.

How a person feels changes the effect of a drug. A person taking a small amount of a drug may only get an effect because they expect one. Often, if a person feels good and relaxed, a moderate amount of a drug will not have a great effect on them. But if they are nervous and upset, the same amount of a drug may cause problems. If it helps get rid of the nervous feelings, they may take more and more of the drug and become dependent on it. If it makes the nervous feelings worse, they may have a very bad "trip," and become scared and so upset that they need help from a doctor.

How people act around them may also change the effect of a drug, especially drugs like LSD or peyote. If peyote is used as part of a religious ceremony, and with people who are calm and secure and who

know what to do, the effect may be mild and the person may have a good experience. If they are used when the person is already having emotional problems or is in bad surroundings, such as being put in jail, the same drug can lead to very frightening or unhappy experiences.

The next pages describe what the different drugs are likely to do to people. The dangers talked about can happen, but do not happen very often. Most young people who try out different drugs do not have the bad effects that are described, and if they do, they usually stop taking the drug. But the dangers are present and they do happen to some people. There are three kinds of dangers. First, there is physical danger to the body or damage to the brain. Second, there is danger to the person's emotional adjustment or damage that keeps people from growing up into strong adults. Third, there is danger to a person's relationships with family, friends, and community, such as the break-up of family and friendships, or being sent out of the community, or being sent to jail.

These dangers are all real, and they do happen to some young people. We need to do what we can to keep them from happening. But one of our big problems is many of the young people who are using drugs are already out of touch with the groups that might try to help them--their family, the school, the church, and the tribe. We hope that by informing you of the problems caused by drugs, you will be more willing to help your own children or other children in the community. It is important for you to have the real facts about drugs. Many times adults have the wrong information about drugs and the children know they are wrong. After a while they stop listening. Also, adults sometimes try to scare children away from drugs by telling

them horrible stories about what will happen to them. This does not work! This also makes children stop listening.

Inhalants (glue, gas, paint, spray cans)

There are several ways to use these drugs. The most common of these is to put glue or paint on a rag, smear it around, then cover the nose and mouth with the rag, breathing in the fumes. These drugs can also be either put or sprayed into a bag, which is then placed over the head. Another method is just to hold the drug close to the nose, or spray it into the air and sniff it.

The person who sniffs glue, paint, or gasoline feels dizzy, becomes confused, and acts and thinks strangely. They may see lights, flashes, colors, or hear strange sounds that are not there. After a while, the sniffer becomes sleepy and drowsy, and if they continue sniffing, they may pass out.

The effects that can be easily seen are:

1. The person appears to be drunk (speech is slow, may not make sense, staggering and falling, etc.).
2. Vision may be blurred.
3. They often get headaches.
4. May vomit.
5. Heart and breathing slow down.

Most of these things happen with things like glue or paint. Some of the things that young people are now trying to inhale may be more dangerous. For example, the gas used in some deodorants or pan sprays may possibly stop the heart. These things have not been used very much until the last couple of years, so we don't know as much about them.

Glue is often used by young children. The newspapers have written a lot about glue sniffing, so they all know about it. Children cannot get other drugs but they can get airplane glue or gasoline. One of the dangers comes from the fact that the children may not think ahead. For example, some children have used bags and have passed out and smothered to death.

Most of the things that are used for inhaling are very poisonous if swallowed, and even a small amount can result in passing out for a long time, or in death. Sniffing the drug usually gets less of it into the body at one time, but it is very dangerous if used frequently over a long period of time (say almost every day for several months). If this happens, the user may get permanent kidney or liver damage. Although many people think sniffing leads to brain damage, there is not really any good evidence that it does.

The sniffer, when "high" cannot make good judgments about size or the distance of things. They also may feel that they can do things that they cannot do. They can be very dangerous if they are driving or operating machinery. The sniffer becomes very drowsy after a while and could also fall asleep at the wheel.

Reports of heavy glue sniffers often say that they are in trouble in school. They are absent a lot, get poor grades, and have other problems. It is probably not a result of using glue. These young people are angry and unhappy and in trouble. Using glue is only one thing that they do, because they have problems. It is not the cause of their problem.

Like most drugs, glue or paint sniffed in small doses and only occasionally does not do a lot of damage to a person's body. People

can hurt themselves because they are not in very good control and their judgment is bad, but the young people who just experiment with glue are probably not doing themselves great harm. Heavy and constant use, however, can do real damage.

uana (pot, grass, dope, weed, mary jane)

Marijuana is usually smoked in cigarettes or in special pipes. It takes effect very fast and lasts for an hour or more. It can be eaten, but this way it may take up to 20 minutes to have an effect. The effect then may last for several hours.

Marijuana is a mild hallucinogenic drug, which means the user can see or hear or feel things that are not really there. But usually this only takes the form of looking at something that is there or listening to real music and feeling that it is far more interesting and beautiful than it ever was before.

The effects of marijuana depend very much on the people taking the drug and their surroundings. It can put one person to sleep and make another see or hear things that aren't there. It can make a person who is feeling good feel very happy and very good. It can make a person who is feeling unhappy feel very sad and down.

The physical effects are:

1. The heart beats faster.
2. The eyes become red (the pupils do not increase in size).
3. The mouth is dry.
4. The user is less active (doesn't move around as much).
5. Vision may be blurred slightly.
6. The user may eat more.

Marijuana can have bad effects on some people. Those using it for the first few times may become frightened by the changes they feel. It is possible to think that something imagined is real and to become very afraid or angry--this only happens sometimes, however. Vision may be blurred and the person may find they don't know where they are or what they are supposed to be doing. This could cause a driving accident. It has recently been found that a lot of accidents are being caused by people using marijuana.

It is often said that marijuana leads to other drugs. Almost everyone who uses more dangerous drugs also uses marijuana. But most of the people who smoke marijuana are not tempted to use any other drug. However, the person who uses marijuana gets it from illegal sources and those sources may try to push other drugs. There are probably some other young people who are very unhappy or anxious and who find marijuana makes them feel better. They may then try to find even stronger drugs that will make them feel better, and go on to other drugs. But there is no real evidence that everyone who uses marijuana will use other drugs later on.

There is no deadly dose of marijuana. It will not kill you, no matter how much you take. It is not addictive in the same way that heroin is, but some people can form a very strong habit. There are no withdrawal symptoms when a person stops using the drug. People who are using it occasionally like the feeling and they look for chances to use it. But if they do not use it for a while, they tend not to think about it and may not use it for months or years at a time.

Youngsters who use marijuana a lot, like every day or several times a week, may miss out on important parts of growing up. When

they are using it th[illegible] become quiet and withdrawn. As a result, they may not learn how to get along with people. Rather than talk about their problems with friends, teachers, or parents, they use marijuana and never learn to solve their problems. If they use it before or during school they can't learn what is being taught.

There is some recent medical evidence that moderate to heavy marijuana use may cause some serious problems such as lung cancer, heart problems and more frequent illnesses. In the next few years more will be known about this.

One of the problems with marijuana is that its use is a very emotional issue in this country today. Some say it is completely harmless--others say it is a "killer drug." It is neither one nor the other. It has bad effects for some people, especially younger people who use it a lot. Other people may have emotional problems that marijuana makes worse. Some older people, however, can use marijuana without much danger--if they only use it once in a while.

A lot of adults do not understand the real effects of marijuana. They become very angry and want to punish the youngsters using it. Many young people who use marijuana have had very bad problems with their families or with the law. It has led to parents throwing their children out or to young people leaving home. It has put many young people in jail and given them criminal records that will follow them through their lives. These effects may be as harmful to the youngsters as the effects of using marijuana. It is much better for parents and other adults to understand the real facts about marijuana. Then they can talk with youngsters and be able to help if marijuana is a problem for them.

Alcohol

Alcohol is usually not thought of as a drug, mostly because drugs are illegal and alcohol is legal for adults to use. Even though it is legal, it is a drug and a very dangerous one.

The most noticeable effects of alcohol are:

1. Lower body temperature (alcohol doesn't make you warm).
2. Physical actions are less good (people stagger, fall, can't drive well, etc.).
3. Judgment is bad.
4. People do things they might not usually do.
5. Wide mood swings (happy one minute, unhappy the next).
6. Sex performance may be poor, mostly for males.
7. People may not feel as nervous and anxious.
8. The heart slows down.

The dangers of alcohol are well known to most people. Getting drunk is a pleasant feeling for most people up to a point. It is relaxing, it feels good, and when other people are around it makes it easier to talk and laugh and enjoy being with each other. But it is well known that even drinking this much can make people poor drivers and make them make bad decisions. Unfortunately, when you're drunk you don't feel like you are driving badly. You feel like you are driving very well. It is this ability of alcohol to fool people that makes even moderate drinking dangerous. Despite that mild danger, many people drink moderately and it does them little or no harm. Others cannot handle alcohol at all and it does them a lot of harm.

Alcohol is addictive. When the person who is addicted to alcohol cannot get it they have severe withdrawal symptoms. The symptoms are

well known. They include convulsions, vomiting, nausea, headaches, seeing and hearing things that are not there, crawling feelings of the skin (often thought to be bugs or spiders), etc. For this to happen, one must have been drinking for a long time. If the person is alcoholic, withdrawal can be dangerous. It should always be done under a doctor's care.

Alcohol is like other drugs. It is dangerous when too much is taken and when it is used over a long period of time. When used occasionally and taken moderately it does not seem to do much, if any damage. The problem is that the person who is alcoholic may convince themselves for a long time that they are still using it moderately, even after they have lost control.

For some people who have never used alcohol, especially young people, a large amount of it can cause a kind of poisoning. If a sixth grader who never drank were to drink a pint of whiskey it may well cause death.

Amphetamines (speed, bennies, uppers, crystal, meth, whites)

Amphetamines, like cocaine, actually "speed up" the user. You feel active and full of energy. When taken in moderate doses they make you feel cheerful, that things are going well, and that you are able to do things fast and easily. Unlike cocaine, a dose of amphetamines may last for hours.

Amphetamines can be taken by mouth or with a needle. The needle, of course, is much more dangerous. There are the usual dangers of infection and disease, and a person with high blood pressure or a weak heart may not be able to stand the strong effect of the drug. The effects that can be easily seen are:

1. The heart beats faster.
2. There is more and faster physical activity.
3. Hunger goes away.
4. It is hard to get to sleep.
5. The pupil of the eye gets bigger.
6. The person may act nervous and talk a lot.

You cannot get physically "hooked" on amphetamines. They are not addictive. But after a dose wears off, people feel let down and unhappy. They feel exhausted and drained of energy. To get over that feeling they may want to use the drug more and more often.

Amphetamines become really dangerous when they are taken in very large doses and when one dose follows another without waiting. The person then doesn't eat, can't remember things clearly, and doesn't sleep. Sometimes this goes on for three or four days. The person will begin to see and hear things that aren't there and may develop strong feelings that people are after him and are going to hurt him. The user may then become violent and dangerous because their thinking is not clear and they are trying to protect themselves. There may be some brain damage if the user has done this kind of thing many times over a long period of time.

Sometimes a person taking amphetamines will take barbiturates as well, in order to block the effects of the amphetamines. They may then become addicted to barbiturates. Others may combine amphetamines and alcohol. This can be very dangerous, since the person can take much more alcohol without passing out. The alcohol can kill them or they can be hurt in accidents. Mixing drugs is almost always dangerous. It is not really possible to say what the actions of the two

drugs will be on a person. Some drugs act against each other and some support each other so much that it is much easier to die or be severely hurt from the combination.

Amphetamines, used occasionally and in moderate doses are probably not very dangerous. People have used them for many years to keep alert while driving, to cut down appetite for reducing weight, to stay awake to study for tests, etc. There have been very few bad problems from this use. But they become very dangerous when used in large, repeated doses. The problem with amphetamines is they usually make you feel good. Afterwards, you feel let down and tired, and it is very tempting to take another, bigger dose. That can lead to continued use that is really dangerous.

Barbiturates (red, yellow jackets, submarines, downers, jolly beans)

The best way to describe barbiturates is to imagine a glass of alcohol squeezed into a small pill. The physical effects are almost the same as those of alcohol. Barbiturates are usually given by doctors as sleeping pills. They are usually taken by mouth, but they can be dissolved and put into the body by using a needle.

The effects that can be seen are:

1. Temperature of the body goes down.
2. All physical actions are affected--speech is slow and may not make sense, people stagger and fall, etc.(think of a drunk!).
3. People may not feel as nervous or anxious.
4. The heart slows down.
5. Wide mood swings, for example, very happy one minute and very sad the next.

6. People do things they would not usually do.
7. Sex performance may be poor, mostly for males.
8. Judgment is bad.
9. Death--an overdose can kill! The most common way of suicide in this country is to use barbiturates.

Barbiturates can cause addiction if taken often and over a long period of time. The main danger is from overdose or from mixing with other drugs, especially alcohol (many people do not know how dangerous it is to take alcohol and barbiturates together). If a person becomes addicted and the drug is suddenly not available, the withdrawal symptoms are very serious. They are similar to those that result from alcohol withdrawal: weakness, shaking, seizures, anxiety, delirium tremors, vomiting, not being able to sleep, weight loss and possible death from exhaustion or heart failure.

Withdrawal should never be tried without a doctor! It can lead to death. The withdrawal symptoms are much less if the drug is gradually stopped, but this should be checked by a doctor.

Like the alcoholic, the barbiturate user can have unpredictable and violent changes of mood. He may become unhappy or try to commit suicide. He may black out suddenly.

The drug becomes of great importance when the person is addicted. They will do many things to get it that they would not otherwise do. They may neglect themselves physically (not eat right, not bathe, etc.), and may lose their jobs and families because of the drug.

The drug is a very dangerous one. But like the other drugs that we have discussed, it is most dangerous when it's used in large amounts and over a long period of time. Sleeping pills are prescribed by

doctors and used sometimes by many people. They do no harm to these people. Young persons who experiment with the drug may also do little harm to themselves, but they may not be wise enough not to use too much. The most dangerous use is taking barbiturates with alcohol or with another drug.

Psychedelics (LSD, peyote)

Psychedelics or hallucinogens cause the user to see or feel things that are not there. They can also cause the user to see, hear, taste, touch or smell things that are not there. The most commonly used psychedelics are LSD (acid), mescaline (peyote) and psilocybin (which comes from a mushroom). They are usually taken by mouth and they are very strong drugs. It takes only a tiny amount to get a very strong reaction.

The physical effects of the drug are:

1. The pupils of the eye get larger.
2. The heart beats faster and blood pressure goes up.
3. The person pays more attention to the things and people around them.
4. They may get sick and vomit.
5. Trembling of the hands and feet, etc.
6. They may respond faster than usual to something that happens around them.

Like marijuana, these are mind altering drugs, but marijuana is mild and taking more of it does not usually lead to stronger effects. These drugs are very strong. It takes only a small amount to cause a strong effect.

For most normal people, the dangers are probably not very great. They may see or hear things, but they almost always know that it is the drug that is doing it. They may get frightened, but can usually handle the fear and do not do anything to harm themselves.

But the effects are not always the same. The same person may act differently each time they use the drug. The user's five senses (smell, vision, etc.) become distorted. A spot on the wall may look like a spider and be very frightening. Fear of what the user sees or hears may be so strong that they try to escape or hurt themselves. The user may also feel like they can do things they really can't, such as fly or swim. Because of this, the drug should not be taken when a person is alone. Someone who is not using the drug should be there to watch and help.

The people around can affect what happens. When the drug is used as part of a religious experience, those people help them understand what is going on and take care of them if anything begins to happen that is bad. For instance, if someone begins to have problems the religious leader talks to them calmly, fans them and sees that they smell smoke. Instead of turning inside themselves, it brings them out of it and helps.

But when young people are experimenting with the drug, they usually start out already feeling scared and a little guilty. Since it is illegal they might feel someone is after them. All of these feelings can make taking the drug a bad experience. Also, they may panic and get very excited and alarmed when someone begins to get in trouble. This can lead to a stronger and worse reaction for the person taking the drug.

Any doctor can give someone who is having a "bad trip" a tranquilizer that stops the effects of the drug, but it must be the right tranquilizer. If the person taking the drug goes to a doctor who does not give them the right drug and who is very critical of them, it can make the experience much worse.

One cannot become physically dependent on LSD or peyote. They are not addicting drugs. Pregnant women should probably not take the drugs. There may be a slight risk of losing the baby from taking LSD. There is no good evidence that it causes deformed children.

Psychedelics are strong drugs. They affect the senses and the mind. Used in the right setting and with the right kind of people around, they do not seem to do any damage. Some psychedelics are used as a part of religious experiences. There have been no cases where, used in a religious ceremony, they caused anyone any problems when they were used in the right way. They have caused problems when not used in a religious way. But this was when they were used by people who already had emotional problems, who took them with alcohol, or who took them in conditions where people were not cared for in the right way.

Cocaine (coke, snow, musician's drug)

Cocaine is a drug that makes a person feel as though they are "speeded up." They feel active and full of energy. The effects that are easy to see are:

1. The heart beats faster.
2. There is more and faster physical activity (fast speech, arm movements, etc.).

3. Hunger goes away.

4. It is hard to get to sleep.

The effects of cocaine will happen with even a small amount of the drug. They may last for 15 minutes to an hour. Cocaine has very little effect if taken by mouth, so it is always sniffed up the nose or taken with a needle, usually in the arm.

There are physical dangers from either sniffing or injecting cocaine. If it is sniffed over a long period of time, it can damage the inside of the nose and sometimes even the bone. Taking it with a needle can cause even more problems. It is against the law to have a needle for injection without a doctor's prescription. There is also danger of disease from a dirty needle. One common disease is serum hepatitis. It is a very contagious disease that can damage the liver. Using a dirty ne[illegible] can also cause abscesses, pockets of pus and infection under the skin that are ugly and painful.

Daily or regular use over a long period of time can lead to trouble with digesting food, nausea, loss of appetite and loss of weight and other problems that come from not eating, such as lack of vitamins and anemia, inability to sleep, and sometimes convulsions. The body does not develop a tolerance for cocaine, which means that the amount that can kill you does not increase over a period of time. There may be danger of overdose if the drug user takes more than the body can handle. They may become sick, unconscious or even die from large enough doses.

The emotional dangers from taking cocaine depend on how much is taken and how often it is used. When the pleasant effects wear off, the person often becomes very sad and unhappy. Some people cannot

stand this feeling and take the drug more and more often to get rid of the bad feeling. When they are down, they may also hurt themselves or someone else because they feel so bad.

If someone uses cocaine constantly they can also begin to see and hear things that aren't there. They may get very frightened and can begin to feel that people are after them. Because they feel people don't like them or are going to hurt them, they may turn away their friends and may not let anyone help them.

The person who feels this way, or who needs the drug so much that they spend all their time trying to get it, may drop out of school, leave family and friends, lose their job, and destroy their lives. But this only happens with cocaine when it is used constantly and over a long period of time. The only danger that is really likely to happen to someone who uses the drug occasionally or tries it once or twice is that they may get a disease from the needle.

Heroin (H, horse, smack)

Heroin is a narcotic. Heroin makes a person feel pleasant, sleepy, slowed down, and generally good. Many people say it gives them a feeling of well being. Narcotics are drugs that make you feel drowsy and take away pain. Other narcotics are morphine, codeine, demerol, and methadone. They are usually taken by sniffing them or by needle. They can be taken by mouth, but they have less effect. The physical effects that can easily be seen are:

1. Sleepiness.
2. Breathing is slowed.
3. Vomiting is common the first few times with a heavy dose.

4. Coughing is stopped.

5. The pupils of the eye become small, sometimes pinpoints.

6. Constipation.

Since heroin is usually taken with a needle, all of the dangers of disease from a dirty needle are present. Street heroin is usually mixed with other drugs or with things like chalk, quinine, or milk sugar. Some of these things do not do much harm, but others can cause real physical damage.

Heroin can kill you. The body can only take so much of it, and even though it can take more and more as it gets used to having heroin, it is still possible to get too much. It usually kills by slowing down the breathing so much that it stops and the person dies.

The body develops a strong need for the drug when it is taken time after time. You become "addicted." The body needs the drug, and if it cannot be found, the person will suffer from withdrawal symptoms. They get anxious and nervous. They have cramps and their body aches. They have fever, their body loses water and they lose weight. They get diarrhea. While you cannot die from heroin withdrawal, the feelings are terrible. People have so much desire for the drug that they will do anything to get it. They may steal, lie, cheat their family and best friends, or do anything sexually, just to get the drug.

The emotional dangers from heroin are serious. Since heroin makes one feel happy in a quiet, withdrawn way, users may neglect their jobs, they may not take care of themselves, may eat badly and be dirty. Heroin blocks pain, and a person may not take care of an injury or sickness. Their behavior may be unpredictable. They may

seem friendly and dreamy one minute and when the drug begins to wear off, depressed or violent the next. The drug is illegal and very expensive and they have to cheat or steal to get money to buy it. Cutting themselves off from family and friends and turning to crime is the most serious danger from heroin.

None of the above dangers occur unless the person becomes addicted. It is not true that "One shot and you are hooked." People can take heroin occasionally for years and never become addicted. Morphine is the same as heroin, but not as strong. When given by a doctor, it is a very useful drug to stop pain for several days after an operation. Unless people take it for a long time, they do not become addicted. But taking heroin every day for as short a time as two weeks can lead to addiction and the longer it is taken, the more heroin the body needs and the stronger the addiction. Even after a person is treated and is no longer addicted to heroin, they will usually go back to heroin or become an alcoholic. It is not a drug to fool around with!

PCP (angel dust)

PCP is a new drug that some youngsters are starting to use. It can be a very dangerous drug. PCP was once used by doctors to help stop pain, but it turned out to be too dangerous for people. It is now against the law for people to use it. Many people who sell illegal drugs ("pushers") sell PCP in place of what they tell youngsters they are selling them. For instance, they may say they are selling LSD or amphetamines but it is actually PCP. PCP is easy to make and it is cheap.

Sometimes people buy PCP pills and take them that way. Another way of using this drug is to sprinkle PCP powder on marijuana and smoke it. When used this way the effects are felt very fast and may last an hour or two.

The effects of PCP depend on how much is taken. Just a little bit put on marijuana or swallowed makes the user feel kind of drunk. Their arms and legs feel funny and they may trip or fall. If several pills are taken or a lot is smoked, the user feels sick, can't see well and they get dizzy. If a lot is taken the person may pass out and in some cases die. Sometimes people lose control of their feelings or start thinking in strange ways. They may become very angry and hurt themselves or someone else.

One of the biggest problems with PCP is that people often take it without knowing it; they think it is something else. When this happens the effects may really frighten them and cause a "bad trip."

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Other Helpful Resources

Indian in the Red and What Life Will We Make For Our Children. Both available from The Cneter For Multicultural Awareness, 2924 Columbia Pike, Arlington Virginia.

Come Closer Around the Fire:Using Tribal Legends, Myths and Stories in Preventing Drug Abuse. Available from the National Insitute on Drug Abuse.

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Could I take a minute of your time??

I hope this report is helpful to those of you who are working with American Indian young people. Before the final draft was completed I sent it to several Indian drug programs for their review. Many helpful suggestions were received and incorporated into the final draft. I still need more feedback of how useful the report is. I would sincerely appreciate it if you would answer the following questions and return them to me.

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1. Was the report easy to read?

Too easy		Just about right		Too Difficult

2. Were the ideas in the report new to you?

Many new ideas		Some new ideas		No new ideas

3. Do you think you will use any of the ideas in the report.

Will use many of them		Will use some		Will use very few

4. Would you recommend the report to others who are working in the field?

Recommend highly		Recommend Some		Not Recommend

5. Do you have any suggestions for improving the report(Are there parts that can be strengthened, parts that can be left out, etc.)

(OVER)

6. What was the most helpful part of the report?

7. Any other thoughts?

OPTIONAL

Name_____

What is your work position?_____

What program do you work for?_____

What is your work address?_____

_____

_____

THANK YOU VERY MUCH FOR YOUR HELP